method, uterine douche of a 50% alcoholic solution given and the body having contracted nicely, the tubing was removed, patient put back to bed and no further trouble.

The second case, also reported by Sigwart. Woman of 24, primipara, normal pelvis, 9th month pregnant. Waters ruptured Jan. 14, 1909. Pains during next two days and on Jan. 16th child born at 9 p. m., delivery normal, weight 7½ pounds. Very small hemorrhage, no after pains. Uterus massaged but placenta was not expelled. Patient put to bed, ice bag over pubes. Waited until next morning when a slow hemorrhage appeared, bright red, but which did not require immediate interference. After 13 hours from time of delivery, attempt was made to expel placenta by Créde, first without and then with an anaesthetic; no result, but hemorrhage continued. The bag of waters having been ruptured now 3 days, it was decided to remove the placenta by manual tension. Placenta was resting in right cornu firmly adherent. A terrific flood of blood followed the removal, ergotin was injected subcutaneously, large alcoholic douches given and massage constantly kept up, no results. The Momberg was then quickly applied and hemorrhage instantly controlled. First a few drops continued and finally ceased entirely. After a few moments a large clot was expelled, uterus contracted nicely and then another clot followed. The uterus now having become stone hard, the tubing was removed, patient put back to bed with an ice bag and no further trouble was met with. In this case tube was on 18 minutes only and while on the pulse became stronger, breathing was not interfered with, there was no after vomiting, stools and urine normal.

There is little danger of injuring the bowels of a puerpera by the Momberg as the main part of the bowels are high up and out of the way at this stage.

Literature.

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" " " " " No. 41.
Sigwart " " Gynaecology 1909 No. 7
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FINAL REPORT OF A CASE OF BONE TRANSFERENCE.*

By DR. T. W. HUNTINGTON, San Francisco.

This case was presented to the Society after its completion some years ago, and was published in the *"Annals of Surgery,"* volume 1, page 249, 1905. The purpose of this report is to show the final end result after a lapse of six years. The history of the case is briefly as follows:

In May, 1902, the boy, then six years of age, was treated at the City and County Hospital for acute infection, osteomylitis of the tibia. The middle portion of the shaft of the tibia was completely destroyed. A strenuous effort was made toward reproduction of bone by leaving such shreds of the periosteum as could be identified at that time. Eight months later, the wound having healed, there was no evidence of bone regeneration. The leg hung flail-like and useless below the knee. After careful deliberation, I determined to supply the tibial defect

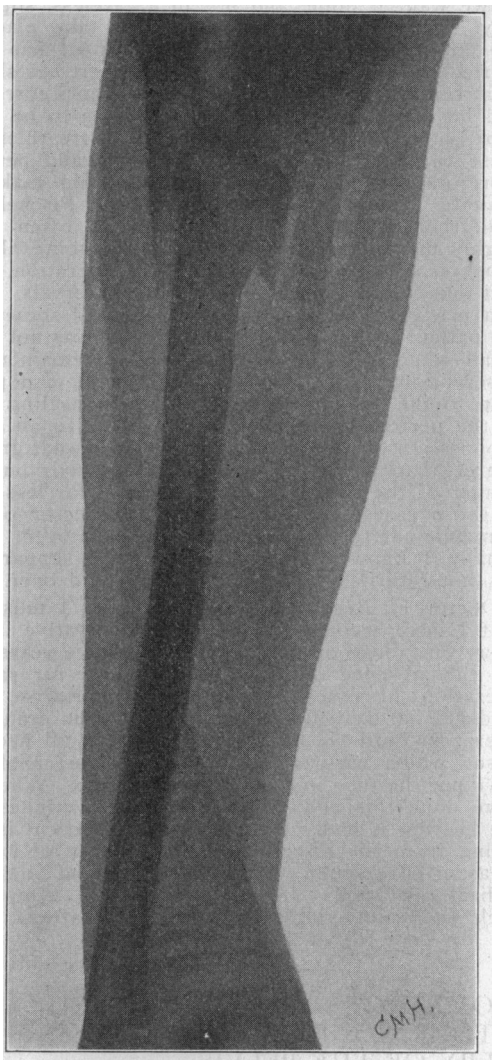

Fig. I. One-half life size.
Status eight months after first operation.

by carrying the divided end of the middle portion of the fibula across to the tibia, countersinking it in the upper remaining fragment of the tibia, thereby securing union.

The theory underlying this procedure was based upon the idea that with preservation of the normal nutrient supply of the fibular shaft, plus the exaggerated nutrition derived from the tibia, would result in rapid hypertrophy of the fibula in its new relation.

The result of the first operation was highly satisfactory and the patient was allowed to walk bearing his weight upon the lower end of the fibula in its normal position. At this time, there was manifest hypertrophy of the shaft of the fibula. (See plate 1). Very soon, however, it was noted that there was a decided lateral bowing of the foot upon the fibula causing a deformity. Accordingly, six months after the first operation, the fibula was again divided at a point opposite the upper end of the lower segment of the tibia. With little difficulty, the transference was completed (See plate 2). Again the wound healed kindly and rapid union was obtained.

* Read before the San Francisco County Medical Society, July 13, 1909.

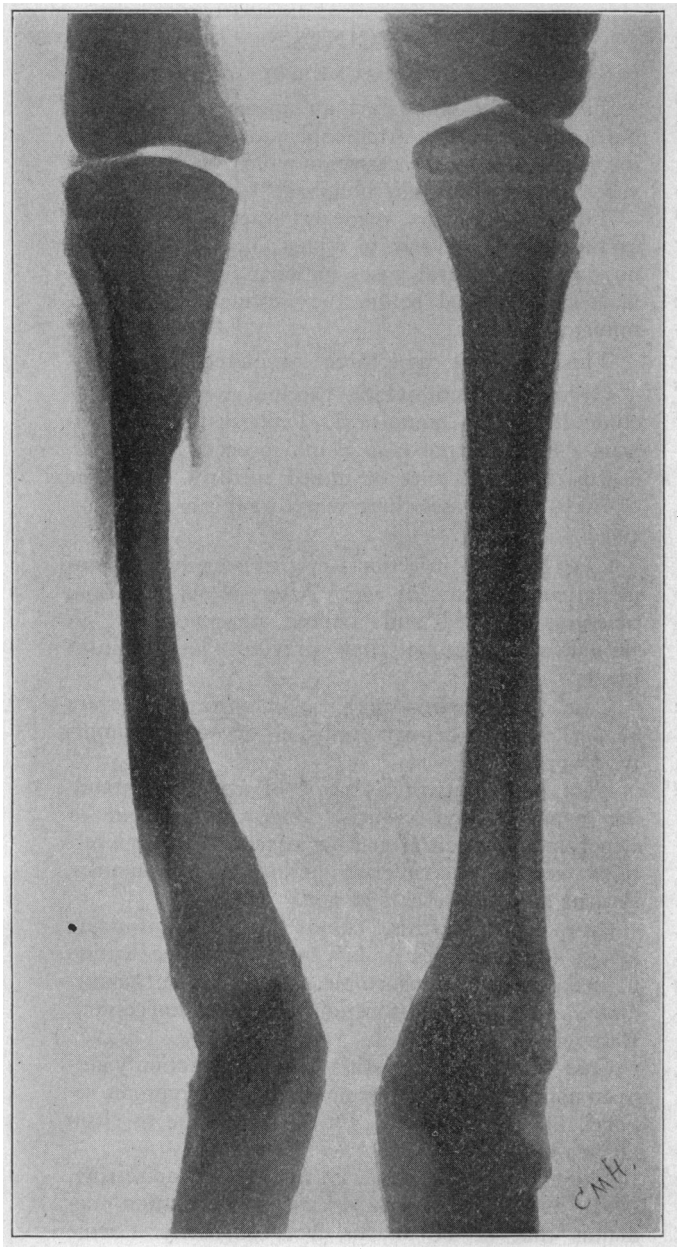

Fig. II. One-half life size.
Status thirteen months after first and five months after second operation.

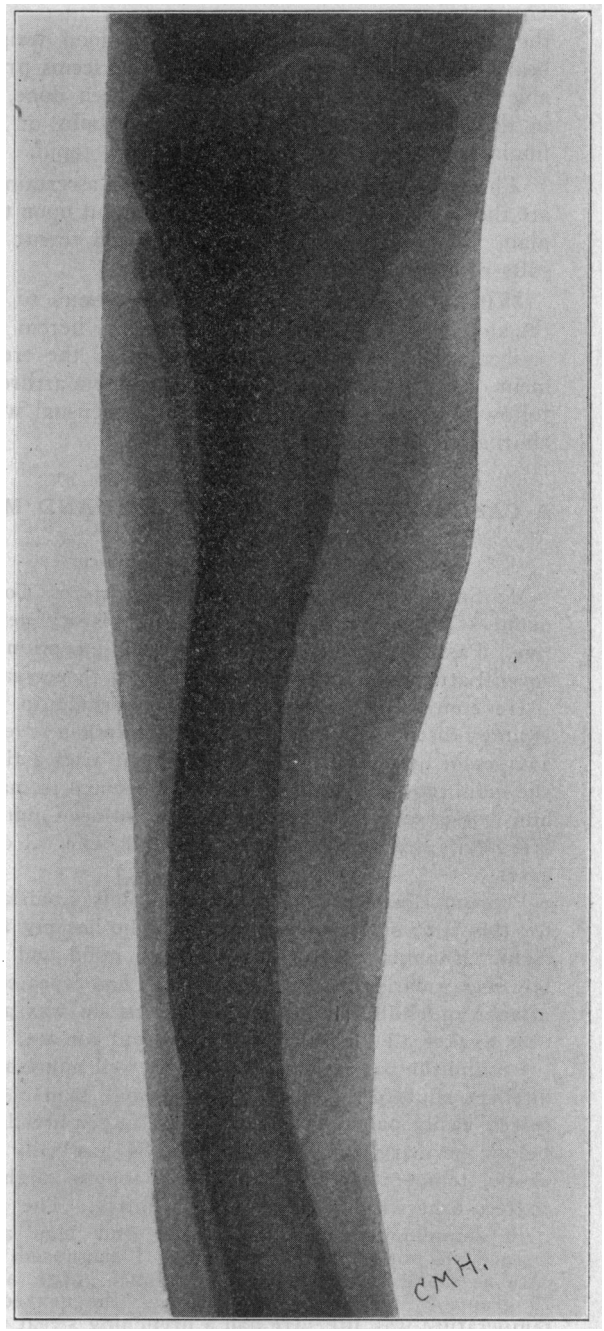

Fig. III. One-half life size.
Status six and one-half years after first operation.

In six weeks, the child began to walk with little, if any, limp and in this respect, the patient's condition has improved, until, at the present time, he walks without a limp; runs as other boys do, plays baseball, football and in fact is walking upon a leg which is comparatively as useful as the other.

The accompanying radiogram (See plate 3) demonstrates that the theory underlying the procedure was rational, the transferred portion of the fibula now having assumed the dimensions of the normal tibia. Joint function at both knee and ankle remain perfect and there is but slight, if any, limitation of leg rotation.

In the *"Annals of Surgery,"* volume 46, page 648, 1907, Dr. J. S. Stone reports a similar case in a boy of five years. He varied the operation by splitting the lower portion of the fibula at a point corresponding to the upper end of the lower tibial fragment. The inner slip of the fibula was carried across and anchored to the tibia and a satisfactory result was thus accomplished.

At the outset, there seemed to be reasonable doubt as to whether this procedure would be available for adults as it was for children. Dr. E. A. Codman, however, in the *"Annals of Surgery,"* June, 1909, publishes the report of a case, the patient being thirty-two years of age. After three years, the radiogram shows marked enlargement of the fibula which may increase with the passage of time. Dr. Codman, however, transferred only the upper end of

the fibula and the patient maintains good weight bearing and locomotion conditions. It seems probable that if double transference had been done, as in the case above reported, the hypertrophy of the fibula segment would have been more rapid.

The foregoing cases, as far as has been ascertained, are the only ones that have been carried out upon this plan. It is to be hoped that others will report results of similar efforts.

Without personal experience, there comes to me the suggestion that bone transference, as herein described, would probably be available in the treatment of certain cases of long standing pseudarthrosis following tibial fracture, associated as is usual with eburnation of ends of fragments.

A CASE OF COMBINED TYPHOID AND MALARIAL INJECTION.

By H. SPIRO, M. D., San Francisco.

Mr. Smith, age 30, residence San Francisco. Complaint—Chills, sweats, fever. Family history negative. Past history, never sick, with the exception of several attacks of chills and fever in past three years.

He contracted the malaria while working in the swampy districts of Louisiana. He had taken several courses of quinin with good results, but after a time the quinin lost its effect on him, and seemed to make him worse, so in later attacks he has not used quinin. His habits are moderate, he denies all venereal diseases.

Present Illness:—Four weeks ago left Louisiana for this city; since leaving the south he has not felt right, although his appetite has been good and his bowels regular, still he felt listless and had repeatedly attacks of chills, sweats and fever; as he was getting weaker all the time, he finally sent for me.

I found the patient well developed, well nourished, intellect slightly dulled, reflexes normal, skin clear, spleen easily palpable, enlarged two finger breadths below the margin of the ribs, pulse 84, markedly dicrotic, temperature by mouth, 105, tongue slightly coated, otherwise findings were negative. The patient complained of pains in head and legs and begged me not to give him quinin. I diagnosed the case as malaria and ordered a calomel purge, also 20 grains of quinin every six hours; the next day temperature was 101. He had a drenching sweat the night previous, his bowels had moved several times and he felt better. I now ordered quinin 5 grains T. I. D., also Donovan's solution, 5 gtts. T. I. D. I did not see the patient for four days; in the meantime he had no sweats nor chills, but was constipated and had severe headaches, his temperature was 103½, a distinct papular, pale red rash was scattered over chest and abdomen, his urine showed a positive diazo reaction; the Board of Health report on the blood was Widal positive; the diagnosis was now changed to that of typhoid fever, with the possibility of malaria also being present. He was removed to the St. Winifred Hospital.

The temperature curve showed the case to be in the fourth week of the fever. No more quinin was given, as the temperature gradually dropped he had several mild sweats but never any chills. At the end of the second week in the hospital, as the temperature, seemed to be a little out of the ordinary the blood was examined and the Tertian malarial parasite found.

VACCINES.*

By PAULINE NUSBAUMER, M. D., Oakland.

This résumé is in part an answer to many inquiries made to Dr. Archibald and myself concerning the nature of the cases for which we have made vaccines and the results obtained.

To date we have made 95 vaccines; upon 39 of these it is too early to report; upon 14 we have no data—in several cases patients never returned, in some they died before the vaccine could be administered, etc.

This leaves 52 cases to be considered.

Organisms from which vaccines were made include B. Coli. Comunis, B. Typhosus, B. Pyocyaneus, Micro Strepto- and Staphylococcus and Gonococcus, either in pure or mixed cultures. In some of the sputum cases there were organisms not identified.

Case I. Coli infection—cystitis; much tenesmus in patient 72 years of age. After second injection, tenesmus relieved and marked improvement. A similar attack some time previous lasted much longer.

Case II. Pyelitis with colon infection, severe headaches and other symptoms, all of which promptly disappeared.

Case III. Patient 85 years of age; long standing nephritis and cystitis. Great alleviation of symptoms and pain after first injection; seven injections were given, covering period of two months. Patient died at 86 years of age.

Case IV. Cystitis, colon infection, requiring lavage several times a day with usual medication to make patient comfortable. Improvement immediate. After first injection, lavage unnecessary. Recovery.

Case V. Chronic cystitis. Colon infection yielded to none of the usual medicament; all symptoms relieved by vaccine, but it took a long time to clean up pus and colon bacilli.

Case VI. This case is unusually interesting. Man about 30 years of age; occupation demands that he be on his feet constantly. Some eighteen months ago he had an attack simulating appendicitis, and never quite well again. Later on had another attack, after which he had pain in back and right hypochondrum, frequent urination especially during the night, interfering greatly with his rest. Urine loaded with pus and gave a pure culture of B. Coli Com. Improvement after first injection of Colon Vaccine. Soon after returned to his work and reports himself well. He had about 12-16 injections.

Case VII. Perinephritic abscess, pus in urine, Case of long standing; by that I mean there was pus in urine long before abscess was found. Just what was found at operation I am not prepared to say, but after second operation wound did not heal well; culture from both wound and urine showed B. Coli. Improvement in this case was slow, but continued, and at last accounts I understand the patient reports himself well.

* Read before the Alameda County Medical Society.